



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/664221 Confirmation No.: 3351
Applicant : Leachman
Filing Date : September 16, 2003
Title : A MOUNTING CLIP FOR REMOVABLE PROTECTIVE SHIELDS
Group Art Unit : 3632
Examiner : Ramirez, Ramon O.
Docket No. : 705397.4009
Customer No. : 34313

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

Transmitted herewith is an amendment in the above-identified application in connection with the Office Action dated November 10, 2004.


Applicant hereby petitions for an extension of time under 37 CFR § 1.136 [fees: 37 CFR § 1.17(a)(1)-(5)] for the total number of months checked below:

EXTENSION (months)	FEE FOR SMALL ENTITY	FEE FOR OTHER THAN SMALL ENTITY
<input type="checkbox"/> one month	\$60.00	\$120.00
<input type="checkbox"/> two months	\$225.00	\$450.00
<input type="checkbox"/> three months	\$510.00	\$1,020.00
<input type="checkbox"/> four months	\$795.00	\$1,590.00
<input type="checkbox"/> five months	\$1,080.00	\$2,160.00
Fee		\$0.00

CERTIFICATE OF MAILING
37 CFR §1.8

I hereby certify, pursuant to 37 CFR §1.8, that I have reasonable basis to expect that that this paper or fee (along with any referred to as being attached or enclosed) would be mailed or transmitted on or before the date indicated with the United States Postal Service with sufficient postage as first class mail on the date shown below in an envelope addressed to the Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Dated: February 8, 2005


Mary L. Smith

Applicant : Leachman
Appl. No. : 10/664,221
Examiner : Ramirez, Ramon O.
Docket No. : 705397.4009

☒ If an additional extension of time is required, please consider this a petition therefor.

Fee Calculation: TOTAL AMOUNT OF PAYMENT: \$ 0.00

- A. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to Deposit Account No. 15-0665.
☒ Charge any additional fee required under 37 CFR 1.16 and 1.17 to Deposit Account No. 15-0665.
- B. ☐ Payment Enclosed
☐ Check ☐ Credit Card ☐ Money Order ☐ Other

Total Claims	15	-	27	=	0	x	\$50.00	\$0.00
Independent Claims	4	-	3	=	1	x	\$200.00	\$200.00
Application Size Fee ((\$250 for each additional 50 sheets or fraction thereof)	100	-	100	=	0	x	250.00	0.00
Multiple Dependent Claims	\$360	(if applicable)	<input type="checkbox"/>					\$0.00
Surcharge 37 CFR § 1.16(e)	\$130	(if applicable)	<input type="checkbox"/>					\$0.00
TOTAL OF ABOVE CALCULATIONS								\$200.00
Reduction by ½ for Filing by Small Entity. Note 37 CFR §§ 1.9, 1.27, 1.28. <input type="checkbox"/>								\$0.00
Extension of Time (from above)								\$0.00
Assignment -- \$40 (if applicable)			<input type="checkbox"/>					\$0.00
TOTAL FEES SUBMITTED HERewith								\$200.00

Respectfully submitted,

Dated: February 8, 2005

By: Kenneth S. Roberts
Kenneth S. Roberts
Reg. No. 38,283

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